

# 2005 ANNUAL FACILITY REPORT FOR MEDICAL WASTE INCINERATORS



**This form must be completed for all activities during 2005 at this facility. Separate forms must be completed for other types of activities at this location, or for other facilities under your jurisdiction.**

## 11. Name of Facility

|  |
|--|
|  |
|--|

## 12. Waste Accepted

| Waste Type        | List New Hampshire Sources Using Facility | Amount | List Other States Using Facility | Amount |
|-------------------|---|--------|----------------------------------|--------|
| Red Bag Waste     |   |        |                                  |        |
|                   |   |        |                                  |        |
| Non-Red Bag Waste |   |        |                                  |        |
|                   |   |        |                                  |        |

(\*Please indicate measurement units as follows: T=Tons, CY(L)=Cubic Yards Loose, CY(C)=Cubic Yards Compacted. Add to the xamount of waste the letter **E** for estimate or the letter **A** for actual.)

If you prepare a separate calendar year report which provides the information requested in this item, that report may be submitted instead of completing these questions. **Use a separate sheet for additional entries if necessary.**

## 13. Residue Waste

|            | Amount (CY or Tons) | Final Disposal Site |
|------------|---------------------|---------------------|
| Bottom Ash |                     |                     |
| Fly Ash    |                     |                     |
| Other      |                     |                     |

## 14. Waste Transferred for Reuse or Recycling

| Waste Type | Quantity (Tons or CY) | Destination or Market |
|------------|-----------------------|-----------------------|
|            |                       |                       |
|            |                       |                       |

Complete and return this form by MARCH 31, 2006 to:

Department of Environmental Services  
Waste Management Division - SWTAS  
PO Box 95 29 Hazen Drive  
Concord, NH 03302-0095

**If you have any questions, please call the Solid Waste Technical Assistance Section at (603) 271-3713.**

**RETAIN A COPY OF THIS REPORT FOR YOUR RECORDS!**